

**Skills Advancement and Modernization Investment Pilot Program**

**Company Information**

Company Name:

FEIN:

NAICS Code:

Number of Current Employees (FT/PT):

Company Address:

City:

County:

Zip Code:

Company Website:

**Company Contact Information**

First Name:

Last Name:

Company Title:

Phone Number:

Email:

**Training Request**

Training Course/Title/Type:

Training Explanation/Description:

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How will this training benefit current employees?

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How will this training benefit the employer?

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Training Provider:

Trainer's Name:

Trainer's Title:

Email:

Phone:

Trainer Website:

Training Start Date:

Training End Date:

Total Employees to be trained:

Has your company received funding or other workforce assistance in the last year?

If so, name the source(s) and funding amount:

Other Funding Sources	Dollar (\$) Amount
Apprenticeship Carolina	
Enterprise Zone Retraining Program (EZone)	
On-the-Job Training (OJT)	
South Carolina Manufacturing Extension Partnership (SCMEP)	

Have you worked with readySC in the last year?

☐ YES ☐ NO

Are Job Development Credits currently being claimed on any of these employees?

☐ YES ☐ NO

Are all employees to be trained currently on the payroll?

☐ YES ☐ NO

Total Cost of Training:

Cost per Employee:

Will these funds accompany other sources of funding for this training? ☐ YES ☐ NO

If so, name the source(s) and funding amount:

Other Funding Sources	Dollar (\$) Amount
Total:	

<b>Funding Request</b>	<b>Dollar (\$) Amount</b>
Total Training Cost:	
Funds committed by Other Sources (from above):	
Funds committed by Company:	
(Subtract committed funds from total training cost to calculate request)	
Grant Funds Requested:	

[Provide invoice/quote/contract from external training provider. Application does not guarantee funds.]

Applicant Name (Print):

Applicant Signature:

Date:

*Upon completion, please email your final application to **workforce@scommerce.com**, with the subject line "Skills Advancement and Modernization Investments Grant Application."*